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## FACSIMILE TRANSMITTAL SHEET

TO: Commissioner for Patents  
COMPANY: USPTO – Examiner's Office  
FAX NUMBER: 703.872.9306  
PHONE NUMBER:

FROM: Gregory L. Bradley, Esquire

DATE: 8/6/2004

TOTAL NO. OF PAGES INCLUDING COVER: 17

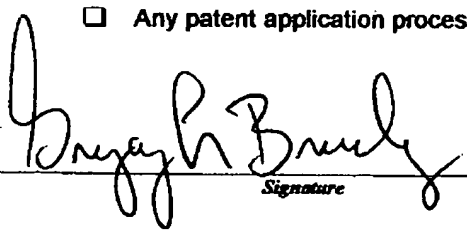
SENDER'S REFERENCE NUMBER:  
VI/99-016.CRE: Amendment and Response to Office  
ActionYOUR REFERENCE NUMBER:  
U.S. Serial No. 09/941,224☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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One Medrad Drive  
Indianola, PA 15051-0780  
United States of America



AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): <b>ZATEZALO et al.</b>				<b>VI/99-016.C</b>	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/941,224	August 28, 2001	William Jung	21140	3737	5672
Invention: <b>PROGRAMMABLE INJECTOR CONTROL</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	41 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <div style="margin-left: 20px;"><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div><div style="text-align: right;">Dated: August 6, 2004</div></div>					
<div style="text-align: center;"> _____ <i>Signature</i></div> <div><b>Gregory L. Bradley</b> <b>MEDRAD, INC.</b> <b>One Medrad Drive</b> <b>Indianola, PA 15051</b></div>			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; height: 40px; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					